

Form 1040X
(Rev. November 2004)

Amended U.S. Individual Income Tax Return

OMB No. 1545-0041

This return is for calendar year **2004**, or fiscal year ended

See separate instructions.

Your first name and initial
ANUCHA BROWNE-SANDERS

Last name

If a joint return, spouse's first name and initial

Last name

Home address (no. and street) or P.O. box if mail is not delivered to your home

Apt. no.

For Paperwork Reduction Act Notice, see page 6.

A If the name or address shown above is different from that shown on the original return, check here

B Has the original return been changed or audited by the IRS or have you been notified that it will be? ☐ Yes ☒ No

C Filing status. Be sure to complete this line. Note. You cannot change from joint to separate returns after the due date.

On original return ☐ Single ☐ Married filing jointly ☐ Married filing separately ☒ Head of household ☐ Qualifying widow(er)

On this return ☐ Single ☐ Married filing jointly ☒ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

* If the qualifying person is a child but not your dependent, see page 2.

Use Part II on page 2 to explain any changes

	A. Original amount or as previously adjusted (see page 3)	B. Net change - amount of increase or (decrease) - explain in Part II	C. Correct amount
Income and Deductions (see pages 2-6)			
1 Adjusted gross income (see page 3)	235,073.	20,516.	255,589.
2 Itemized deductions or standard deduction (see page 3)	50,687.	<11,936.>	38,751.
3 Subtract line 2 from line 1	184,386.	32,452.	216,838.
4 Exemptions. If changing, fill in Parts I and II on page 2	6,696.	<6,696.>	0.
5 Taxable income. Subtract line 4 from line 3	177,690.	39,148.	216,838.
Tax Liability			
6 Tax (see page 4). Method used in col. C QDCGTW	49,423.	17,941.	67,364.
7 Credits (see page 4)	1,200.	<1,200.>	0.
8 Subtract line 7 from line 6. Enter the result but not less than zero	48,223.	19,141.	67,364.
9 Other taxes (see page 4)			
10 Total tax. Add lines 8 and 9	48,223.	19,141.	67,364.
Payments			
11 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. If changing, see page 4	49,806.		49,806.
12 Estimated tax payments, including amount applied from prior year's return			
13 Earned income credit (EIC)			
14 Additional child tax credit from Form 8812			
15 Credits from Form 2439, Form 4136, or Form 8885			
16 Amount paid with request for extension of time to file (see page 5)			
17 Amount of tax paid with original return plus additional tax paid after it was filed			
18 Total payments. Add lines 11 through 17 in column C			49,806.
Refund or Amount You Owe			
19 Overpayment, if any, as shown on original return or as previously adjusted by the IRS			1,583.
20 Subtract line 19 from line 18 (see page 5)			48,223.
21 Amount you owe. If line 10, column C, is more than line 20, enter the difference and see page 5			19,141.
22 If line 10, column C, is less than line 20, enter the difference			
23 Amount of line 22 you want refunded to you			
24 Amount of line 22 you want applied to your estimated tax			

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Sign Here

Joint return? See page 2. Keep a copy for your records.

Your signature

Date

Spouse's signature. If a joint return, both must sign.

Date

Preparer's signature

Date

Check if self-employed ☐

Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code

EIN

Phone no.

LEON M. REIMER & CO., P.C.
805 THIRD AVENUE, 11TH FLOOR
NEW YORK, NY 10022

13-3136076
212-986-4300

LHA
410701
11-03-04

Form 1040X (Rev. 11-2004)

Form 1040X (Rev. 11-2004) **ANUCHA BROWNE-SANDERS****REDACTED**

Page 2

Part I Exemptions. See Form 1040 or 1040A instructions.

If you are not changing your exemptions, do not complete this part.
 If claiming more exemptions, complete lines 25-31.
 If claiming fewer exemptions, complete lines 25-30.

		A. Original number of exemptions reported or as previously adjusted	B. Net change	C. Correct number of exemptions
25 Yourself and spouse	25	1		1
Caution. If someone can claim you as a dependent, you cannot claim an exemption for yourself.				
26 Your dependent children who lived with you	26	3		3
27 Your dependent children who did not live with you due to divorce or separation	27			
28 Other dependents	28			
29 Total number of exemptions. Add lines 25 through 28	29	4		4
30 Multiply the number of exemptions claimed on line 29 by the amount listed below for the tax year you are amending. Enter the result here and on line 4.	30	6,696.	<6,696.>	0.

Tax year	Exemption amount	But see the instructions for line 4 on page 3 if the amount on line 1 is over:
2004	\$3,100	\$107,025
2003	3,050	104,825
2002	3,000	103,000
2001	2,900	99,725

31 Dependents (children and other) not claimed on original (or adjusted) return:

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check if qualifying child for child tax credit	No. of children on 31 who:
				<input type="checkbox"/>	• lived with you <input type="checkbox"/>
				<input type="checkbox"/>	• did not live with you due to divorce or separation <input type="checkbox"/>
				<input type="checkbox"/>	Dependents on 31 not entered above <input type="checkbox"/>
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

Part II Explanation of Changes to Income, Deductions, and Credits

Enter the line number from page 1 for each item you are changing and give the reason for each change. Attach only the supporting forms and schedules for the items changed. If you do not attach the required information, your Form 1040X may be returned. Be sure to include your name and social security number on any attachments.

If the change relates to a net operating loss carryback or a general business credit carryback, attach the schedule or form that shows the year in which the loss or credit occurred. See page 2 of the instructions. Also, check here ☐

SEE ATTACHED SCHEDULE**Part III Presidential Election Campaign Fund.** Checking below will not increase your tax or reduce your refund.

If you did not previously want \$3 to go to the fund but now want to, check here ☐

If a joint return and your spouse did not previously want \$3 to go to the fund but now wants to, check here ☐

Form 1040X (Rev. 11-2004)

410702
11-03-04

CONFIDENTIAL P1. 04442

Anucha Browne-Sanders

Form 1040-X
2004**REDACTED**Explanation of Changes to Income, Deductions, and CreditsLine 1: Adjusted Gross Income:

Increase in Ordinary Dividends	87	See Amended Schedule B
Decrease in Business Income	20,429	To eliminate deductions reflected on Schedule C
	<u>20,516</u>	

Line 2: Itemized Deductions

Decrease in Investment Interest	100	See Amended Form 4952
Decrease in Charitable Contributions	(9,280)	See Amended Schedule A
Decrease in Itemized Deductions due to 3% AGI Limitation	(2,756)	See Amended Schedule A
	<u>(11,936)</u>	

Line 4: Exemptions

Decrease due to phaseout	<u>(6,696)</u>
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Line 7: Credits

Elimination of Child Care Credit	<u>(1,200)</u>
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SCHEDULES A&B
(Form 1040)Department of the Treasury
Internal Revenue Service (99)Schedule A - Itemized Deductions
(Schedule B is on page 2)

Attach to Form 1040. See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

2004

Attachment
Sequence No. 07

ANUCHA BROWNE-SANDERS

REDACTED

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see page A-2)	1		
2	Enter amount from Form 1040, line 37	2		
3	Multiply line 2 by 7.5% (.075)	3		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4		
Taxes You Paid		5 State and local (check only one box):		
(See page A-2.)		a <input checked="" type="checkbox"/> Income taxes, or		
		b <input type="checkbox"/> General sales taxes (see page A-2)		
6	Real estate taxes (see page A-3)	5	19,407.	
7	Personal property taxes	6	9,694.	
8	Other taxes. List type and amount	7	49.	
9	Add lines 5 through 8	8		
10	Home mortgage interest and points reported to you on Form 1098	9	29,150.	
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-4 and show that person's name, identifying no., and address	10	13,777.	
Note: Personal interest is not deductible.		11		
12	Points not reported to you on Form 1098. See page A-4 for special rules	12		
13	Investment interest. Attach Form 4952 if required. (See page A-4.)	13	411.	
14	Add lines 10 through 13	14	14,188.	
Gifts to Charity		15 Gifts by cash or check. If you made any gift of \$250 or more, see page A-4		
(See page A-4.)		16 Other than by cash or check. If any gift of \$250 or more, see page A-4. You must attach Form 8283 if over \$500		
17	Carryover from prior year	15	940.	
18	Add lines 15 through 17	16		
19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.)	17		
20	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-6.)	18	940.	
21	Tax preparation fees	19		
22	Other expenses - investment, safe deposit box, etc. List type and amount	20		
23	Add lines 20 through 22	21		
24	Enter amount from Form 1040, line 37	22		
25	Multiply line 24 by 2% (.02)	23		
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0-	24		
27	Other - from list on page A-6. List type and amount	25		
Total Itemized Deductions		26		
28 Is Form 1040, line 37, over \$142,700 (over \$71,350 if married filing separately)?		27		
<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 39.		28	38,751.	
<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See page A-6 for the amount to enter.				

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12-30-04

LHA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2004

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2004.08010 BROWNE-SANDERS, ANUCHA

08048461

AMENDED

Schedules A&B (Form 1040) 2004

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1.

OMB No. 1545-0074

Page 2

Your social security number

ANUCHA BROWNE-SANDERS

REDACTED

Attachment
Sequence No. 08

Schedule B - Interest and Ordinary Dividends

Part I
Interest

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶

MERRILL LYNCH

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Amount

51.

- 2 Add the amounts on line 1
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a

51.

51.

Part II
Ordinary
Dividends

- 5 List name of payer ▶
- CHARLES SCHWAB-6753
- INTERNATIONAL BUSINESS MASHINES CORPORATION COMMON
- CHARLES SCHWAB-4915
- MERRILL LYNCH
- THE WALT DISNEY COMPANY

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

Amount

248.

81.

1,509.

63.

- 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a

1,901.

Part III
Foreign
Accounts
and
Trusts

Note. If line 6 is over \$1,500, you must complete Part III.

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2004, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?
- b If "Yes," enter the name of the foreign country ▶

Yes No

X

- 8 During 2004, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
- If "Yes," you may have to file Form 3520. See page B-2

X

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11-03-04

LHA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule B (Form 1040) 2004

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04.08010 BROWNE-SANDERS, ANUCHA

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CONFIDENTIAL PL. 04445

**SCHEDULE D
(Form 1040)**Department of the Treasury
Internal Revenue Service (98)
Name(s) shown on Form 1040**Capital Gains and Losses**

▶ Attach to Form 1040.

▶ See Instructions for Schedule D (Form 1040).

OMB No. 1545-0074

2004
Attachment
Sequence No. 12

Your social security number

ANUCHA BROWNE-SANDERS**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less****REDACTED**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
1 SIRIUS SATELLITE RADIO	11/22/04	12/08/04	1,980.	1,417.	563.

2 Enter your short-term totals	2		
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)	3	1,980.	
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	4		
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	5		
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions	6	()	
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)	7	563.	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
8 MICROSOFT CORP	VARIOUS	VARIOUS	14.	14.	
PFIZER INCORPORATED	VARIOUS	VARIOUS	37.	37.	
AT&T WIRELESS SVCS	VARIOUS	10/27/04	300.	300.	

9 Enter your long-term totals	9		
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)	10	351.	
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	11		
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12		
13 Capital gain distributions	13		
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions	14	()	
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2	15		

LHA For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule D (Form 1040) 2004

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2004.08010 BROWNE-SANDERS, ANUCHA

08048461

CONFIDENTIAL PL. 04446

Schedule D (Form 1040) 2004 **ANUCHA BROWNE-SANDERS****REDACTED** **Page 2****Part III Summary**

16 Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, and then go to line 17 below	16	563.
17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-7 of the instructions	18	
19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-8 of the instructions	19	
20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete Form 1040 through line 42, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 34 of the Instructions for Form 1040. Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete Form 1040 through line 42, and then complete the Schedule D Tax Worksheet on page D-9 of the instructions. Do not complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, line 13, the smaller of: <ul style="list-style-type: none"> The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500) 	21	()
Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, line 9b? <input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 42, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 34 of the Instructions for Form 1040. <input type="checkbox"/> No. Complete the rest of Form 1040.		

Schedule D (Form 1040) 2004

420512 11-03-04

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2004.08010 BROWNE SANDERS, ANUCHA

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CONFIDENTIAL P1. 04447

Form **6251**
Department of the Treasury
Internal Revenue Service (99)**Alternative Minimum Tax - Individuals**

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0227

2004Attachment
Sequence No. 32

Name(s) shown on Form 1040

Your social security number

ANUCHA BROWNE-SANDERS**Part I Alternative Minimum Taxable Income****REDACTED**

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 40, and go to line 2. Otherwise, enter the amount from Form 1040, line 37, and go to line 7. (If less than zero, enter as a negative amount.)	1	216,838.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4, or 2 1/2% of Form 1040, line 37.	2	
3	Taxes from Schedule A (Form 1040), line 9	3	29,150.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet on page 2 of the instructions	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 26	5	
6	If Form 1040, line 37, is over \$142,700 (over \$71,350 if married filing separately), enter the amount from line 9 of the Itemized Deductions Worksheet on page B-1 of the instructions for Schedules A & B (Form 1040)	6	
7	Tax refund from Form 1040, line 10 or line 21	7	<5,527.>
8	Investment interest expense (difference between regular tax and AMT)	8	<4,088.>
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Interest from specified private activity bonds exempt from the regular tax	11	
12	Qualified small business stock (7% of gain excluded under section 1202)	12	
13	Exercise of incentive stock options (excess of AMT income over regular tax income)	13	
14	Estates and trusts (amount from Schedule K-1 (Form 1041), line 9)	14	
15	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	15	
16	Disposition of property (difference between AMT and regular tax gain or loss)	16	
17	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	17	
18	Passive activities (difference between AMT and regular tax income or loss)	18	
19	Loss limitations (difference between AMT and regular tax income or loss)	19	
20	Circulation costs (difference between regular tax and AMT)	20	
21	Long-term contracts (difference between AMT and regular tax income)	21	
22	Mining costs (difference between regular tax and AMT)	22	
23	Research and experimental costs (difference between regular tax and AMT)	23	
24	Income from certain installment sales before January 1, 1987	24	
25	Intangible drilling costs preference	25	
26	Other adjustments, including income-based related adjustments	26	
27	Alternative tax net operating loss deduction	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$191,000, see instructions)	28	247,716.

Part II Alternative Minimum Tax

29	Exemption. (If this form is for a child under age 14, see instructions.)		
IF your filing status is ... AND line 28 is not over ... THEN enter on line 29			
Single or head of household		\$112,500	\$40,250
Married filing jointly or qualifying widow(er)		150,000	58,000
Married filing separately		75,000	29,000
If line 28 is over the amount shown above for your filing status, see instructions.			
30	Subtract line 29 from line 28. If zero or less, enter -0- here and on lines 33 and 35 and stop here	30	247,716.
31	• If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here. • All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.	31	67,364.
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	67,364.
34	Tax from Form 1040, line 43 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 46). If you used Schedule J to figure your tax, the amounts for lines 43 and 46 of Form 1040 must be refigured without using Schedule J (see instructions)	34	62,836.
35	Alternative minimum tax. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 44	35	4,528.

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11-22-04 UHA For Paperwork Reduction Act Notice, see instructions.

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Form 6251 (2004)

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2004.08010 BROWNE-SANDERS, ANUCHA

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Form 6251 (2004) **ANUCHA BROWNE-SANDERS****Part III Tax Computation Using Maximum Capital Gains Rates****REDACTED**

Page 2

36	Enter the amount from Form 6251, line 30	36	247,716.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 43, or the amount from line 13 of the Schedule D Tax Worksheet on page D-9 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see the instructions)	37	1,895.
38	Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions)	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary)	39	1,895.
40	Enter the smaller of line 36 or line 39	40	1,895.
41	Subtract line 40 from line 36	41	245,821.
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	42	67,080.
43	Enter: <ul style="list-style-type: none"> • \$58,100 if married filing jointly or qualifying widow(er), • \$29,050 if single or married filing separately, or • \$38,900 if head of household 	43	29,050.
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 43, or the amount from line 14 of the Schedule D Tax Worksheet on page D-9 of the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-	44	214,943.
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	0.
46	Enter the smaller of line 36 or line 37	46	1,895.
47	Enter the smaller of line 45 or line 46	47	
48	Multiply line 47 by 5% (.05)	48	
49	Subtract line 47 from line 46	49	1,895.
50	Multiply line 49 by 15% (.15)	50	284.
51	If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51. Subtract line 46 from line 40	51	
52	Multiply line 51 by 25% (.25)	52	
53	Add lines 42, 48, 50, and 52	53	67,364.
54	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result	54	67,610.
55	Enter the smaller of line 53 or line 54 here and on line 31	55	67,364.

Form 6251 (2004)

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11-22-04

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2004.08010 BROWNE-SANDERS, ANUCHA

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CONFIDENTIAL PL. 04449

Form **4952***AMENOR*
Investment Interest Expense DeductionDepartment of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

OMB No. 1545-0191

2004Attachment
Sequence No. 51

Name(s) shown on return

Identifying number

ANUCHA BROWNE-SANDERS**REDACTED****Part I Total Investment Interest Expense**

1	Investment interest expense paid or accrued in 2004 (see instructions)	1	46.
2	Disallowed investment interest expense from 2003 Form 4952, line 7	2	365.
3	Total investment interest expense. Add lines 1 and 2	3	411.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	1,952.
b	Qualified dividends included on line 4a	4b	1,895.
c	Subtract line 4b from line 4a	4c	57.
d	Net gain from the disposition of property held for investment	4d	563.
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment	4e	0.
f	Subtract line 4e from line 4d	4f	563.
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4g	
h	Investment income. Add lines 4c, 4f, and 4g	4h	620.
5	Investment expenses (see instructions)	5	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6	620.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2005. Subtract line 6 from line 3. If zero or less, enter -0-	7	0.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6 (see instructions)	8	411.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4952 (2004)

418901
11-10-04

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REDACTED

14

2004.08010 BROWNE-SANDERS, ANUCHA

08048461

CONFIDENTIAL PL. 04450

ALTERNATIVE MINIMUM TAX

Form **4952***Amended*
Investment Interest Expense DeductionDepartment of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

OMB No. 1545-0181

2004Attachment
Sequence No. 51

Name(s) shown on return

Identifying number

ANUCHA BROWNE-SANDERS**Part I Total Investment Interest Expense****REDACTED**

1	Investment interest expense paid or accrued in 2004 (see instructions)	1	46.
2	Disallowed investment interest expense from 2003 Form 4952, line 7	2	365.
3	Total investment interest expense. Add lines 1 and 2	3	411.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	1,952.	
b	Qualified dividends included on line 4a	4b	1,895.	
c	Subtract line 4b from line 4a	4c	57.	
d	Net gain from the disposition of property held for investment	4d	563.	
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment	4e	0.	
f	Subtract line 4e from line 4d	4f	563.	
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4g		
h	Investment income. Add lines 4c, 4f, and 4g	4h	620.	
5	Investment expenses (see instructions)	5		
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6	620.	

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2005. Subtract line 6 from line 3. If zero or less, enter -0-	7	0.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6 (see instructions)	8	411.

REGULAR FORM 4952, LINE 8

411.

LESS RECOMPUTED FORM 4952, LINE 8

411.

INTEREST ADJUSTMENT - FORM 6251, LINE 8

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4952 (2004)

418901
11-10-04

11331121 351438

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15

2004.08010 BROWNE-SANDERS, ANUCHA

08048461

CONFIDENTIAL Pl. 04451



Please enter your first name first. For a joint return, use both name lines.
Your first name and middle initial: ANUCHA
Your last name (for a joint return, enter spouse's name on line below): BROWNE-SANDERS
Spouse's first name and middle initial: [REDACTED]
Spouse's last name: [REDACTED]
Mailing address (number and street or rural route): [REDACTED]
Apartment number: [REDACTED]



REDACTED COPY
Spouse's social security number

- (A) Filing status: mark an X in one box:
1 Single
2 Married filing joint return*
3 ☒ Married filing separate return*
4 Head of household (with qualifying person)
5 Qualifying widow(er) with dependent child

*For filing status (2) or (3), enter both spouses' social security numbers above, unless filing Form IT-203-C (see IT-203 instructions).

- (B) Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☒
(C) Did you file an amended federal return? (If No, explain why in Part IV on page 3) Yes ☒ No ☐
(D) City of New York part-year residents only: (see instr. page 1)
(1) Number of months you lived in New York City in 2004: [REDACTED]
(2) Number of months your spouse lived in New York City in 2004: [REDACTED]

(E) Enter New York adjusted gross income as reported on line 30 of your original 2004 Form IT-203 return (see IT-203 instructions).
See page 4 of this return for information about instructions.

Federal amount
Dollars 230,985.
Cents
New York State amount
Dollars 230,985.
Cents

Part I - Federal Income and adjustments

Enter the new amounts for items that changed, and the original amounts for unchanged items.

	Amended federal amount	Amended New York State amount
	Dollars Cents	Dollars Cents
1 Wages, salaries, tips, etc.	248,986.	248,986.
2 Taxable interest income	51.	
3 Ordinary dividends	1,901.	
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 23)	4,088.	0.
5 Alimony received		
6 Business income or loss (attach copy of federal Schedule C or C-EZ, Form 1040)		
7 Capital gain or loss (attach copy of federal Schedule D, Form 1040)	563.	
8 Other gains or losses (attach copy of federal Form 4797)		
9 Taxable IRA distributions. Beneficiaries: mark X in the box		
10 Taxable pensions and annuities. Beneficiaries: mark X in the box		
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (attach copy of federal Schedule E, Form 1040)		
12 Farm income or loss (attach copy of federal Schedule F, Form 1040)		
13 Unemployment compensation		
14 Taxable amount of social security benefits (also enter on line 25)		
15 Other income Identify:		
16 Add lines 1 through 15	255,589.	248,986.
17 Total federal adjustments to income. Identify:		
18 Subtract line 17 from line 16. This is your amended federal adjusted gross income	255,589.	248,986.
New York additions (see IT-203 instructions)		
19 Interest income on state and local bonds (but not those of NYS or its localities)		
20 Public employee 414(h) retirement contributions		
21 Other Identify:		
22 Add lines 18 through 21	255,589.	248,986.
New York subtractions (see IT-203 instructions)		
23 Taxable refunds, credits, or offsets of state and local income taxes (from line 4 above)	4,088.	0.
24 Pensions of New York State and local governments and the federal government		
25 Taxable amount of social security benefits (from line 14 above)		
26 Interest income on U.S. government bonds		
27 Pension and annuity income exclusion (see IT-203 instructions)		
28 Other Identify:		
29 Add lines 23 through 28. This is the total of your New York subtractions	4,088.	
New York adjusted gross income		

30 Subtract line 29 from line 22. This is your New York adjusted gross income.

Enter here and next to line 43 (if zero or less, see IT-203 instructions)

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This is a scannable form; please file this original return with the Tax Department.

REDACTED

2004.08010 BROWNE-SANDERS, ANUCHA

248,986.
IT-203-X 2004
08048461

Page 2 IT-203-X (2004)

		Increase or decrease		Amended amount	
		Dollars	Cents	Dollars	Cents
31 New York adjusted gross income from line 30, Amended federal amount column on page 1	31.				
32 Check one: <input type="checkbox"/> Standard deduction or <input checked="" type="checkbox"/> Itemized deduction Amount =	32.	-7,876.		251,501.	
33 Subtract line 32 from line 31 (if line 32 is more than line 31, enter 0)	33.			16,342.	
34 Exemptions for dependents only (not the same as federal)	34.			235,159.	
35 Subtract line 34 from line 33. This is your taxable income	35.			3,000.	
36 New York State tax on line 35 amount (see IT-203-X-I, page 2)	36.	2,094.		232,159.	
37 New York State household credit (see page 36 of IT-203 instructions)	37.			17,122.	
38 Subtract line 37 from line 36 (if line 37 is more than line 36, enter 0)	38.			17,122.	
39 New York State child and dependent care credit (from Form IT-216; attach form)	39.	-240.		17,122.	
40 Subtract line 39 from line 38 (if line 39 is more than line 38, enter 0)	40.			17,122.	
41 New York State earned income credit (from Form IT-215; attach form)	41.			17,122.	
42 Subtract line 41 from line 40 (if line 41 is more than line 40, enter 0)	42.			17,122.	
43 Income percentage (see page 37 of IT-203 instructions)	43.				
Amount from line 30, NY State amount		248,986.		251,501.	
Amount from line 30, Federal amount					
44 Multiply line 42 by the decimal on line 43. This is your allocated New York State tax.	44.		<.0879>		.9900
45 New York State nonrefundable credits (see IT-203-X-I, page 2)	45.			16,951.	
46 Subtract line 45 from line 44 (if line 45 is more than line 44, enter 0)	46.			16,951.	
47 Net other New York State taxes (see IT-203-X-I, page 2)	47.				
48 Other city of New York taxes (from Form IT-203-B, line 27)	48.				
49 City of Yonkers nonresident earnings tax (attach Form Y-203)	49.				
50 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	50.				
51 Sales or use tax from original return (cannot be amended; see instr.)	51.				
52 Gifts/Contributions from original return (cannot be amended)	52.				
53 Add lines 46 through 52. This is the total of your state and city taxes and gifts. Also enter this amount on line 64	53.			16,951.	
54 Part-year city of New York school tax credit (see IT-203-X-I, page 2)	54.				
55 Other refundable credits (see IT-203-X-I, page 3)	55.				
56 Total New York State tax withheld (see IT-203-X-I, page 3)	56.				
57 Total city of New York tax withheld (see IT-203-X-I, page 3)	57.			17,877.	
58 Total city of Yonkers tax withheld (see IT-203-X-I, page 3)	58.				
59 Total estimated tax payments and amount paid with extension Form IT-370	59.				
60 Amount paid with original return (see IT-203-X-I, page 3)	60.				
61 Add lines 54 through 60, Amended amount column. This is the total of your payments	61.			17,877.	
62 Overpayment, if any, as shown on original return (or previously adjusted by New York State)	62.			1,937.	
63 Subtract line 62 from line 61 (see IT-203-X-I, page 3, if line 62 is more than line 61)	63.			15,940.	
64 Enter amount from line 53, Amended amount column	64.			16,951.	
65 If line 64 is less than line 63, enter the difference here; this is your refund amount	65.				
66 If line 64 is more than line 63, enter the difference here; this is the amount you owe (Make check or money order payable to NY State Income Tax; write your social security number and 2004 Income Tax on it.)	66.			1,011.	

Complete all questions and parts below and on page 3 that apply to your amended return.

- (F) Is this return the result of federal audit changes? Yes ☐ No ☒ X
 If Yes, complete items 1-3 below and Part III on page 3:
 1. Enter the date of the final federal determination
 2. Do you concede the federal audit changes? (If No, explain why in Part III on page 3) Yes ☐ No ☐
 3. Do the changes involve a partnership or S corporation? (If Yes, complete Part II below) Yes ☐ No ☐

- (G) 1. Original return filed as: (mark an X on the line)
 Nonresident ☐ or Part-year resident ☐ or Resident ☐
 2. Amended return filed as:
 Nonresident ☒ X or Part-year resident ☐

Part II - Partnership or S corporation - If using this form to report adjustments to partnership or S corporation income, gain, loss, or deduction, provide the following information:

Name of partnership or S corporation	Identifying number	Principal business activity
Address of partnership or S corporation		

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This is a confidential form; please file this original return with the Tax Department.

IT-203-X 2004

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2004.08010 BROWNE-SANDERS, ANUCHA

08048461

CONFIDENTIAL PL. 04453

Name(s) as shown on page 1

ANUCHA BROWNE-SANDERS

Your social security number

IT-203-X (2004) Page 3

REDACTED**Part III - Federal changes - After completing Part I, explain below the changes, if any, made by the Internal Revenue Service (IRS).****67 List federal adjustments**

a 67a.
b 67b.
c 67c.
d 67d.
e 67e.

68 Net federal adjustment -
increase or (decrease) 68.

69 Previously adjusted gross income
reported taxable income
federal (mark one) tax table income 69.

70 Corrected federal adjusted gross income
(mark one) taxable income
and enter tax table income 70.
71 Corrected federal tax 71.
72 Federal tax shown on return 72.
73 Increase (decrease) in federal tax 73.
74 Penalties 74.
75 Interest 75.
76 Total federal amount assessed
(add lines 73, 74, and 75) 76.

If you did not concede the above changes and marked the No box in question 2 at item (F) on page 2, explain why.

Part IV - Other changes - Explain any changes not shown in Part III.

Give the item or line reference from pages 1 and 2 and explain why each change was made. Attach any schedules or forms that apply, along with any available federal documentation (Form 1040 X, acceptance of your federal refund claim, or any other documentation). If you marked the No box at item (C) on page one, explain why. If you need more space, attach a schedule marked Part IV.

SEE ATTACHED SCHEDULE

77 I authorize the Tax Department to discuss this return with the paid preparer listed below. (Mark the Yes or No box.)

Yes ☒ No ☐

Paid preparer's use only
Preparer's signature [Signature]
Firm's name (or yours, if self-employed)
LEON M. REIMER & CO., P.C.
Address **805 THIRD AVENUE, 11TH FLOOR**
NEW YORK, NY 10022

Preparer's SSN or PTIN
P00177804
Employer identification number
13-3136076
Date **11/21/06** Mark X if self-employed

Sign your return here
Your signature
Spouse's signature (if joint return)
Date Daytime phone number (optional)

101413
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12-13-04

Mail your completed return to: STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001
(If you use a delivery service other than the U.S. Postal Service, see instructions.)

IT-203-X 2004

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08048461

CONFIDENTIAL PL. 04454

Anucha Browne-Sanders

Form IT- 203X
2004

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Explanation of Changes to Income, Deductions, and Credits

Federal Adjusted Gross Income:

Increase in Federal Adjusted Gross Income 20,516 See Attached Federal Amended Form 1040-X

Itemized Deductions:

Line 32: Decrease in Itemized Deductions (7,876) See Amended Form IT - 203 ATT

Credits

Line 39: Elimination of Child Care Credit (240)

2004

AMENDED
New York State Department of Taxation and Finance
Income Allocation and Itemized Deduction
Attachment to Form IT-203

IT-203-ATT

Name(s) as shown on Form IT-203

ANUCHA BROWNE-SANDERS

Your social security number Occupation

REDACTED

Complete all parts that apply to you; see instructions. Attach this form to your Form IT-203.

Schedule A - Allocation of wage and salary income to New York State
Complete a separate Schedule A for each job for which your wage and salary income is subject to allocation.

Two additional Schedule A sections are provided on page 2 of this form. If you are required to complete more than one Schedule A, total the amounts from line p on all the schedules and include this total on Form IT-203, line 1, in the New York State amount column.

Do not use this schedule for income based on the volume of business transacted. See the instructions if:

- you had more than one job;
- you had a job for only part of the year; or
- you and your spouse each had a job that requires allocation.

1a Total days (see instructions, page 50) 1a.

Nonworking 1b Saturdays and Sundays (not worked) 1b.

days 1c Holidays (not worked) 1c.

Included in 1d Sick leave 1d.

line 1a: 1e Vacation 1e.

1f Other nonworking days 1f.

1g Total nonworking days (add lines 1b through 1f) 1g.

1h Total days worked in year at this job (subtract line 1g from line 1a) 1h.

1i Total days included in line 1h worked outside New York State 1i.

1j Enter number of days worked at home included in line 1i amount 1j.

1k Subtract line 1j from line 1i 1k.

1l Days worked in New York State (subtract line 1k from line 1h) 1l.

1m Enter number of days from line 1h above 1m.

1n Divide line 1l by line 1m; round the result to the fourth decimal place 1n.

1o Wages, salaries, tips, etc. (to be allocated) 1o.

1p Multiply line 1n by line 1o; this is your New York State allocated wage and salary income 1p.

Include the line 1p amount on Form IT-203, line 1, in the New York State amount column.

Schedule B - Living quarters maintained in New York State by a nonresident

If you or your spouse maintained living quarters in New York State during any part of the year, give address(es) below. Attach additional sheets if necessary. Mark an X next to any living quarters still maintained for or by you.

Address(es)

Enter the number of days spent in New York State in 2004: _____ days

Any part of a day spent in New York State is considered a day spent in New York State.

Schedule C - New York State itemized deduction Complete Schedule C only if you itemized deductions on your federal return.

	Dollars	Cents
1 Medical and dental expenses (from federal Schedule A, line 4)	1.	
2 Taxes you paid (from federal Schedule A, line 9)	2.	29,150.
3 Interest you paid (from federal Schedule A, line 14)	3.	14,188.
4 Gifts to charity (from federal Schedule A, line 18)	4.	940.
5 Casualty and theft losses (from federal Schedule A, line 19)	5.	
6 Job expenses and most other miscellaneous deductions (from federal Schedule A, line 26)	6.	
7 Other miscellaneous deductions (from federal Schedule A, line 27)	7.	
8 Total federal itemized deductions (from federal Schedule A, line 28)	8.	38,751.
9 State, local, and foreign income taxes and other subtraction adjustments (see page 51)	9.	16,962.
10 Subtract line 9 from line 8 STMT 3	10.	21,789.
11 College tuition itemized deduction (from Schedule D, line 1)	11.	
12 Addition adjustments (see page 52)	12.	
13 Add lines 10, 11, and 12 SEE STATEMENT 2	13.	21,789.
14 Itemized deduction adjustment (see page 52)	14.	5,447.
15 Subtract line 14 from line 13. This is your New York itemized deduction.	15.	16,342.

If the amount on line 15 is more than the New York State standard deduction for your filing status, enter the line 15 amount on Form IT-203, line 32, and mark an X in the Itemized box next to line 32.

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This is a scannable form; please file this original attachment with your return.

IT-203-ATT 2004

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2004.08010 BROWNE-SANDERS, ANUCHA

08048461

CONFIDENTIAL PL. 04456

IT-203-ATT (2004) (page 2)

Schedule D - College tuition itemized deduction worksheet (See the instructions for Schedule D on page 53.) Complete columns A through E below for each eligible student for whom you paid qualified college tuition expenses. Attach additional sheets if necessary.

A Name of eligible student	B Social security number	C Name(s) of college or university	D Amount of qualified college tuition expenses paid during 2004 (see instructions)	E Enter the lesser of column D or \$10,000
			\$	\$
			\$	\$
			\$	\$

1 Add column E amounts (include amounts from any additional sheets).

This is your college tuition itemized deduction. Also enter this amount on Schedule C, line 11, on page 1 of this form

1.

Schedule A - Allocation of wage and salary income to New York State

2a Total days (see instructions, page 50) 2a.

Nonworking 2b Saturdays and Sundays (not worked) 2b.

days 2c Holidays (not worked) 2c.

included in 2d Sick leave 2d.

line 2a: 2e Vacation 2e.

2f Other nonworking days 2f.

2g Total nonworking days (add lines 2b through 2f) 2g.

2h Total days worked in year at this job (subtract line 2g from line 2a) 2h.

2i Total days included in line 2h worked outside New York State 2i.

2j Enter number of days worked at home included in line 2i amount 2j.

2k Subtract line 2j from line 2i 2k.

2l Days worked in New York State (subtract line 2k from line 2h) 2l.

2m Enter number of days from line 2l above 2m.

2n Divide line 2l by line 2m; round the result to the fourth decimal place 2n.

2o Wages, salaries, tips, etc. (to be allocated) 2o.

2p Multiply line 2n by line 2o; this is your New York

State allocated wage and salary income 2p.

Include the line 2p amount on Form IT-203, line 1, in the New York State amount column.

Schedule A - Allocation of wage and salary income to New York State

3a Total days (see instructions, page 50) 3a.

Nonworking 3b Saturdays and Sundays (not worked) 3b.

days 3c Holidays (not worked) 3c.

included in 3d Sick leave 3d.

line 3a: 3e Vacation 3e.

3f Other nonworking days 3f.

3g Total nonworking days (add lines 3b through 3f) 3g.

3h Total days worked in year at this job (subtract line 3g from line 3a) 3h.

3i Total days included in line 3h worked outside New York State 3i.

3j Enter number of days worked at home included in line 3i amount 3j.

3k Subtract line 3j from line 3i 3k.

3l Days worked in New York State (subtract line 3k from line 3h) 3l.

3m Enter number of days from line 3l above 3m.

3n Divide line 3l by line 3m; round the result to the fourth decimal place 3n.

3o Wages, salaries, tips, etc. (to be allocated) 3o.

3p Multiply line 3n by line 3o; this is your New York

State allocated wage and salary income 3p.

Include the line 3p amount on Form IT-203, line 1, in the New York State amount column.

If you need to allocate wage and salary income from more than three jobs, attach additional copies of this form.

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This is a scannable form; please file this original attachment with your return.

IT-203-ATT 2004

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2004.08010 BROWNE-SANDERS, ANUCHA

08048461

CONFIDENTIAL PL. 04457

REDACTED

NY IT-203

TAX COMPUTATION WORKSHEET 4

STATEMENT 1

1. NEW YORK ADJUSTED GROSS INCOME FROM LINE 31	251,501.
2. NEW YORK TAXABLE INCOME FROM LINE 35	232,159.
3. MULTIPLY LINE 2 BY 7.375% (0.7375)	17,122.
4. ENTER YOUR NYS TAX ON THE LINE 2 AMOUNT USING THE NYS TAX RATE SCHEDULE	16,200.
5. SUBTRACT LINE 4 FROM LINE 3	922.
6. MFJ/QW ENTER \$794. SINGLE/MFS ENTER \$397, HOH ENTER \$563.	397.
7. SUBTRACT LINE 6 FROM LINE 5	525.
8. EXCESS OF LINE 1 OVER \$150,000 (CANNOT EXCEED \$50,000)	50,000.
9. DIVIDE LINE 8 BY \$50,000 (CANNOT EXCEED 1.0000)	1.0000
10. MULTIPLY LINE 7 BY LINE 9	525.
11. ENTER AMOUNT FROM LINE 6	397.
12. ADD LINES 4, 10, AND 11	17,122.

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2004.08010 BROWNE-SANDERS, ANUCHA

STATEMENT(S) 1
08048461

ANUCHA BROWNE-SANDERS

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NY IT-203-ATT WORKSHEET 3 - ITEMIZED DEDUCTION ADJUSTMENT STATEMENT 2

1. NEW YORK ADJUSTED GROSS INCOME FROM FORM IT-201, LINE 33 OR FORM IT-203, LINE 31	251,501.
2. FILING STATUS 1 OR 3 ENTER \$100,000, OR FILING STATUS 4 ENTER \$150,000, OR FILING STATUS 2 OR 5 ENTER \$200,000	100,000.
3. SUBTRACT LINE 2 FROM LINE 1	151,501.
4. ENTER THE LESSOR OF LINE 3 OR \$50,000	50,000.
5. DIVIDE LINE 4 BY \$50,000 AND CARRY THE RESULT TO 4 DECIMAL PLACES	1.0000
6. ENTER 25% OF FORM IT-201-ATT, LINE 12 OR FORM IT-203-ATT, LINE 13	5,447.
7. MULTIPLY LINE 5 BY LINE 6 AND TRANSFER THIS AMOUNT TO FORM IT-201-ATT, LINE 13 OR FORM IT-203-ATT, LINE 14	5,447.

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2004.08010 BROWNE-SANDERS, ANUCHA

STATEMENT(S) 2
08048461

ANUCHA BROWNE-SANDERS

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NY IT-203-ATT WORKSHEET 2 - SUBTRACTION ADJUSTMENT LIMITATION STATEMENT 3

1. ENTER AMOUNT FROM FEDERAL ITEMIZED DEDUCTION WORKSHEET, LINE 9	5,527
2. ENTER AMOUNT FROM FEDERAL ITEMIZED DEDUCTION WORKSHEET, LINE 3	43,867
3. DIVIDE LINE 1 BY LINE 2 AND CARRY THE RESULT TO FOUR DECIMAL PLACES	0.1260
4. AMOUNT OF STATE, LOCAL AND FOREIGN INCOME TAXES FROM FEDERAL SCHEDULE A, LINES 5 AND 8	19,407
5. AMOUNT OF SUBTRACTION ADJUSTMENTS (FROM ITEMIZED DEDUCTIONS) THAT ARE INCLUDED IN TOTAL FEDERAL ITEMIZED DEDUCTIONS FROM FEDERAL SCHEDULE A, LINE 28, BEFORE ANY FEDERAL DISALLOWANCE	0
6. ADD LINE 4 AND LINE 5	19,407
7. MULTIPLY LINE 6 BY LINE 3	2,445
8. SUBTRACT LINE 7 FROM LINE 6	16,962
9. ENTER ANY OTHER SUBTRACTION ADJUSTMENTS TO ITEMIZED DEDUCTIONS	0
10. ENTER THE AMOUNT FROM WORKSHEET 1, LINE 5 (SEE BELOW)	
11. ADD LINES 8, 9, 10. ENTER THE TOTAL ON FORM IT-203-ATT, LINE 9	16,962

WORKSHEET 1
LONG-TERM CARE ADJUSTMENT

1. AMOUNT OF LONG-TERM CARE PREMIUMS INCLUDED ON FEDERAL SCHEDULE A, LINE 1	0
2. AMOUNT FROM FEDERAL SCHEDULE A, LINE 1	
3. DIVIDE LINE 1 BY LINE 2 AND CARRY THE RESULT TO FOUR DECIMAL PLACES	
4. AMOUNT FROM FEDERAL SCHEDULE A, LINE 4	
5. MULTIPLY LINE 4 BY LINE 3	

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2004.08010 BROWNE-SANDERS, ANUCHASTATEMENT(S) 3
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CONFIDENTIAL PL. 04460

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040**Capital Gains and Losses**

▶ Attach to Form 1040.

▶ See instructions for Schedule D (Form 1040).

OMB No. 1545-0074

2004
Attachment
Sequence No. 12

Your social security number.

ANUCHA BROWNE-SANDERS**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less****REDACTED**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
1 SIRIUS SATELLITE RADIO	11/22/04	12/08/04	1,980.	1,417.	563.
2 Enter your short-term totals			2		
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)			3	1,980.	
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824					4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions					6 ()
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)					7 563.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
8 MICROSOFT CORP	VARIOUS	VARIOUS	14.	14.	
PFIZER INCORPORATED	VARIOUS	VARIOUS	37.	37.	
AT&T WIRELESS SVCS	VARIOUS	10/27/04	300.	300.	
9 Enter your long-term totals			9		
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)			10	351.	
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824					11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1					12
13 Capital gain distributions					13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions					14 ()
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2					15

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Schedule D (Form 1040) 2004

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2004.08010 BROWNE-SANDERS, ANUCHA

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Schedule D (Form 1040) 2004 ANUCHA BROWNE-SANDERS

Part III Summary**REDACTED** 2

16	Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, and then go to line 17 below	16	563.
17	Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-7 of the instructions	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-8 of the instructions	19	
20	Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete Form 1040 through line 42, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 34 of the Instructions for Form 1040. Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete Form 1040 through line 42, and then complete the Schedule D Tax Worksheet on page D-9 of the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, the smaller of: <ul style="list-style-type: none"> The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500) 	21	()
Note. When figuring which amount is smaller, treat both amounts as positive numbers.			
22	Do you have qualified dividends on Form 1040, line 9b? <input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 42, and then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 34 of the Instructions for Form 1040. <input type="checkbox"/> No. Complete the rest of Form 1040.		

Schedule D (Form 1040) 2004

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2004.08010 BROWNE-SANDERS, ANUCHA

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CONFIDENTIAL P1. 04462

NJ-1040X

2004

AMENDED

INCOME TAX RESIDENT RETURN

7X

COPY

For Tax Year Jan.-Dec. 31, 2004, Or Other Tax Year Beginning _____, 2004, Ending _____, 20____

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You must enter your social security number below

Your Social Security Number _____

Last Name, First Name and Initial (Joint filers enter first name and initial of each - Enter spouse last name ONLY if different)

BROWNE-SANDERS, ANUCHA

Home address (Number and Street, including apartment number or rural route)

County/Municipality Code **0000** State _____ ZIP Code _____

FILING STATUS		EXEMPTIONS		As Originally Reported	Amended
ON ORIGINAL RETURN	ON AMENDED RETURN	6. Regular <input checked="" type="checkbox"/> Yourself <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner	6.	1	1
1. <input type="checkbox"/>	<input type="checkbox"/> Single	7. Age 65 or Over <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse	7.		
2. <input type="checkbox"/>	<input type="checkbox"/> Married, filing joint return	8. Blind or Disabled <input type="checkbox"/> Yourself <input type="checkbox"/> Spouse	8.		
3. <input type="checkbox"/>	<input checked="" type="checkbox"/> Married, filing separate return	9. Number of your qualified dependent children	9.	3	3
4. <input checked="" type="checkbox"/>	<input type="checkbox"/> Head of household	10. Number of other dependents	10.		
5. <input type="checkbox"/>	<input type="checkbox"/> Qualifying widow(er)	11. Dependents attending colleges	11.		
		12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11)	12a.	1	1
		(For Line 12b - Add Line 9 and Line 10)	12b.	3	3

RESIDENCY STATUS 13. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: From _____ To _____

GUBERNATORIAL ELECTIONS FUND Checking below will not increase your tax or reduce your refund.

Check here ☐ If you did not previously want to have \$1 go to the fund but now want it to do so.

Check here ☐ If joint return and if spouse did not previously want to have \$1 to go to the fund but now wants it to do so.

	As Originally Reported	Amended (See Instructions)
14. Wages, salaries, tips, and other employee compensation	14. 248,898	248,986
15a. Taxable Interest Income	15a. 51	51
15b. Tax-exempt interest income. DO NOT include on Line 15a	15b.	
16. Dividends	16. 1,814	1,901
17. Net profits from business	17.	
18. Net gains or income from disposition of property	18. 563	563
19. Pensions, Annuities a. Taxable Amount Received	19a.	
and IRA Withdrawals b. Less New Jersey Pension Exclusion	19b.	
c. Subtract Line 19b from Line 19a	19c.	
20. Distributive Share of Partnership Income	20.	
21. Net pro rata share of S Corporation Income	21.	
22. Net gain or income from rents, royalties, patents & copyrights	22.	
23. Net Gambling Winnings	23.	
24. Alimony and separate maintenance payments received	24.	
25. Other	25.	
26. Total Income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24, and 25)	26. 251,326	251,501

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2004.08010 BROWNE-SANDERS, ANUCHA

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	As Originally Reported	Amended (See Instructions)
27. Total Income (From Line 26, Page 1)	27. 251,326	251,501
28. Other Retirement Income Exclusion	28.	
29. New Jersey Gross Income (Subtract Line 28 from Line 27)	29. 251,326	251,501
30. Exemptions (See instructions)	30. 5,500	5,500
31. Medical Expenses/Medical Savings Account Contributions	31.	
32. Alimony & separate maintenance payments	32.	
33. Qualified Conservation Contribution	33.	
34. Total Exemptions and Deductions (Add Lines 30, 31, 32, and 33)	34. 5,500	5,500
35. Taxable Income (Subtract Line 34 from Line 29)	35. 245,826	246,001
36. Property Tax Deduction	36.	
37. NEW JERSEY TAXABLE INCOME (Subtract Line 36 from Line 35)	37. 245,826	246,001
38. TAX (see instructions)	38. 11,617	13,544
39. Credit For Income Taxes Paid To Other Jurisdictions	39. 11,509	13,409
40. Balance of Tax (Subtract Line 39 from Line 38)	40. 108	135
41. Use Tax Due on Out-of-State Purchases (see instruction NJ-1040)	41.	
42. Total Tax (Add Line 40 and Line 41)	42. 108	135
43. Total New Jersey Income Tax Withheld	43.	
44. Property Tax Credit	44. 50	25
45. New Jersey Estimated Tax Payments/Credit from 2003 tax return	45.	
46. New Jersey Earned Income Tax Credit	46.	
47. EXCESS New Jersey UI/HCAWD Withheld (see instructions NJ-1040)	47.	
48. EXCESS New Jersey Disability Insurance Withheld (see instructions NJ-1040)	48.	
49. Amount Paid with original return, assessments, and/or with request for extension to file	49. 58	58
50. Total payments (Add Lines 43 through 49)	50. 108	83
51. Refund previously issued from Original Return	51.	
52. Net Payments (Subtract Line 51 from Line 50)	52. 108	83
53. If payments (Line 52) are LESS THAN tax (Line 42) enter AMOUNT OF TAX YOU OWE	53.	52
54. If payments (Line 52) are MORE THAN tax (Line 42) enter OVERPAYMENT	54.	
55. Amount of Line 54 to be (A) REFUNDED	55A.	
	(B) CREDITED to your 2005 tax	55B.

Enter below, name, social security number, and address as shown on original return (if same as indicated on page 1, write "Same"). If changing from separate to joint return, enter names, social security numbers, and addresses used on original returns. (Note: You cannot change from joint to separate returns after the due date has passed unless you have done so for Federal tax purposes.)

SAME

Enter first names of your dependent children who lived with you, but were not claimed as dependents on original return.

Explanation of Changes to Income, Deductions, and Credits Enter the line reference for which you are reporting a change and give the reason for each change.

SEE ATTACHED SCHEDULE

If amending Line 39, complete calculations below:

(Income from Other Jurisdictions) NEW YORK 248,986. x 13,544. = 13,409.

(Income from New Jersey sources) 251,501. (New Jersey Tax Line 38)

Under the penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

SIGN HERE

Your signature _____ Date _____

Paid Preparer's Signature T. H. CIA Federal Employer Identification Number 00017704

Firm's Name LEON M. REIMER & CO., P.C. Federal Employer Identification Number 13-3136076

NEW YORK, NY 10022

Division Use 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____

Pay amount on Line 53 in full. Write social security number(s) on check or money order and make payable to: STATE OF NEW JERSEY-TGI. Mail your return to: Division of Taxation, Revenue Processing Center, PO Box 111, Trenton, NJ 08645-0111. If REFUND: Division of Taxation, Revenue Processing Center, PO Box 555, Trenton, NJ 08647-0555. You may also pay by check or credit card.

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2004.08010 BROWNE-SANDERS, ANUCHA

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Name(s) as shown on Form NJ-1040		Your Social Security Number	
BROWNE SANDERS ANUCHA		REDACTED	
Schedule A CREDIT FOR INCOME OR WAGE TAXES PAID TO OTHER JURISDICTION		If you are claiming a credit for income taxes paid to more than one jurisdiction, a separate Schedule A must be enclosed for each. See instructions page 45.	
A COPY OF OTHER STATE OR POLITICAL SUBDIVISION TAX RETURN MUST BE RETAINED WITH YOUR RECORDS			
1. Income actually taxed by other jurisdiction during tax year (indicate name <u>NEW YORK</u>) (DO NOT combine the same income taxed by more than one jurisdiction) (The amount on Line 1 cannot exceed the amount shown on Line 2)		1.	248,986
2. Income subject to tax by New Jersey (From Line 29, Form NJ-1040)		2.	251,501
3. Maximum Allowable Credit Percentage 1 <u>248,986</u> (Divide Line 2 into Line 1) 2 <u>251,501</u>		3.	99.00 %
IF YOU ARE NOT ELIGIBLE FOR A PROPERTY TAX BENEFIT ONLY COMPLETE COLUMN B.		COLUMN A	
4. Taxable Income (after Exemptions and Deductions) from Line 35, Form NJ-1040		4.	246,001
5. Property Tax and Deduction Enter property tax or 18% of rent due and paid in 2004. See instr. page 47. 5a. <u>9,694</u> Eligible amount (Box 5a or \$10,000, whichever is less) See instructions page 47.		5.	5,000
6. New Jersey Taxable Income (Line 4 minus Line 5)		6.	241,001
7. Tax on Line 6 amount (From Tax Tables or Tax Rate Schedules)		7.	13,226
8. Allowable Credit (Line 3 times Line 7)		8.	13,094
9. Credit for Taxes Paid to Other Jurisdiction Enter in Box 9a the income or wage tax paid to other jurisdiction during tax year on income shown on Line 1. See instructions page 47. 9a. <u>16,951</u> Credit allowed. (Enter lesser of Line 8 or Box 9a). (The credit may not exceed your New Jersey tax on Line 38).		9.	13,094
• If you are not eligible for a property tax benefit, enter the amount from Line 9, Column B, on Line 39, Form NJ-1040. Make no entry on Lines 36 or 44, Form NJ-1040. • If you are eligible for a property tax benefit, you must complete Worksheet F on page 46 to determine whether you receive a greater benefit by claiming a property tax deduction or taking the property tax credit.			
Schedule B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY		List the net gains or income, less net loss, derived from the sale, exchange, or other disposition of property including real or personal whether tangible or intangible.	
1. a. Kind of property and description	b. Date acquired (Mo., day, yr.)	c. Date sold (Mo., day, yr.)	d. Gross sales price
SEE STATEMENT 4			
			563
2. Capital Gains Distributions			
3. Other Net Gains			
4. Net Gains (Add Lines 1, 2, and 3) (Enter here and on Line 18. If loss enter ZERO here and make no entry on Line 18)			563
Schedule C NET GAIN OR INCOME FROM RENTS, ROYALTIES, PATENTS AND COPYRIGHTS		List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights as reported on your Federal Income Tax Return. If you have passive losses for Federal purposes, see instructions.	
1. a. Kind of Property	b. Net Rental Income (Loss)	c. Net Income From Royalties	d. Net Income From Patents
2. Totals	b.	c.	d.
3. Net Income (Combine Columns b, c, d, and e) (Enter here and on Line 22. If loss enter ZERO here and make no entry on Line 22)			

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Form NJ - 1040X
2004

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Explanation of Changes to Income, Deductions, and Credits

Line 16: Increase in Dividends	87	See Amended Schedule B
Line 39: Increase in Credit for Other States Taxes Paid	1,900	
Line 44: Decrease in Property Tax Credit	(25)	

ANUCHA BROWNE-SANDERS

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NJ-1040	TAXABLE INTEREST INCOME	STATEMENT	1
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NAME OF FINANCIAL INSTITUTION

AMOUNT

MERRILL LYNCH

51.

TOTAL TO NJ-1040, PAGE 2, LINE 15A

51.

NJ-1040	DIVIDEND INCOME	STATEMENT	2
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NAME OF PAYER

AMOUNT

CHARLES SCHWAB-6753

248.

CHARLES SCHWAB-4915

81.

MERRILL LYNCH

1,509.

THE WALT DISNEY COMPANY

63.

TOTAL TO NJ-1040, PAGE 2, LINE 16

1,901.

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BROWNE-SANDERS, ANUCHA

STATEMENT(S) 1, 2
08048461

ANUCHA BROWNE-SANDERS

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NJ 1040

WORKSHEET F
WHICH PROPERTY TAX BENEFIT TO USE

STATEMENT 3

	COLUMN A	COLUMN B
1 TAX. ENTER AMOUNTS FROM LINE 7 SCHEDULE A, COLUMNS A AND B HERE.	13,226.	13,544.
2 CREDIT FOR TAXES PAID TO OTHER JURISDICTIONS. ENTER AMOUNTS FROM LINE 9, SCHEDULE A, COLUMNS A AND B HERE. IF YOU COMPLETED MORE THAN ONE SCHEDULE A, ENTER THE TOTAL OF ALL LINE 9 AMOUNTS IN THE CORRESPONDING COLUMN. .	13,094.	13,409.
3 BALANCE OF TAX DUE. SUBTRACT LINE 2 FROM 1 . .	132.	135.
4 SUBTRACT LINE 3, COLUMN A, FROM LINE 3, COLUMN B AND ENTER THE RESULT HERE		3.
5 IS THE LINE 4 AMOUNT \$50 OR MORE (\$25 IF FILING STATUS IS MARRIED, FILING SEPARATE RETURN AND YOU MAINTAIN THE SAME RESIDENCE AS YOUR SPOUSE)?		

* YES. YOU RECEIVE A GREATER TAX BENEFIT BY TAKING THE PROPERTY TAX DEDUCTION. MAKE THE FOLLOWING ENTRIES ON FORM NJ-1040.

FORM NJ-1040

LINE 36
LINE 37
LINE 38
LINE 39
LINE 44

ENTER AMOUNT FROM:

LINE 5, COLUMN A, SCHEDULE A
LINE 6, COLUMN A, SCHEDULE A
LINE 7, COLUMN A, SCHEDULE A
LINE 2, COLUMN A, WORKSHEET F
MAKE NO ENTRY

* NO. YOU RECEIVE A GREATER TAX BENEFIT FROM THE PROPERTY TAX CREDIT. MAKE THE FOLLOWING ENTRIES ON FORM NJ-1040.

FORM NJ-1040

LINE 36
LINE 37
LINE 38
LINE 39
LINE 44

ENTER AMOUNT FROM:

MAKE NO ENTRY
LINE 6, COLUMN B, SCHEDULE A
LINE 7, COLUMN B, SCHEDULE A
LINE 2, COLUMN B, WORKSHEET F
\$50 (\$25 IF FILING MFS AND YOU MAINTAIN THE SAME RESIDENCE AS YOUR SPOUSE)

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STATEMENT(S) 3
08048461

ANUCHA BROWNE-SANDERS

REDACTED**NJ SCHEDULE B NET GAINS OR INCOME FROM DISPOSITION OF PROPERTY STATEMENT 4**

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	COST OR ADJ. BASIS	GAIN OR (LOSS)
MICROSOFT CORP	VARIOUS	VARIOUS	14.	14.	
PFIZER INCORPORATED	VARIOUS	VARIOUS	37.	37.	
SIRIUS SATELLITE RADIO	11/22/04	12/08/04	1,980.	1,417.	563.
AT&T WIRELESS SVCS	VARIOUS	10/27/04	300.	300.	
TOTAL TO NJ SCHEDULE B, LINE 1					563.

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2004.08010 BROWNE-SANDERS, ANUCHA

STATEMENT(S) 4
08048461

Schedules A&B (Form 1040) 2004

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1.

OMB No. 1545-0074

Page 2

Your social security number

ANUCHA BROWNE-SANDERS

Schedule B - Interest and Ordinary Dividends

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Attachment
Sequence No. 08Part I
Interest

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶

MERRILL LYNCH

Amount

51.

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 2 Add the amounts on line 1

- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815

- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a

Note. If line 4 is over \$1,500, you must complete Part III.

51.

51.

Part II
Ordinary
Dividends

- 5 List name of payer ▶

CHARLES SCHWAB-6753

INTERNATIONAL BUSINESS MASHINES CORPORATION COMMON

CHARLES SCHWAB-4915

MERRILL LYNCH

THE WALT DISNEY COMPANY

Amount

248.

81.

1,509.

63.

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a

Note. If line 6 is over \$1,500, you must complete Part III.

1,901.

Part III
Foreign
Accounts
and
Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2004, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

Yes

No

X

- b If "Yes," enter the name of the foreign country ▶

- 8 During 2004, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2

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Schedule B (Form 1040) 2004

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